Community Health Needs Assessment

Sheppard Pratt Hospital – Ellicott City Campus

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Sheppard Pratt Community Health Needs Assessment Outline

Introduction

The purpose of this document is to summarize the research conducted to support the development of the Community Health Needs Assessment document for Sheppard Pratt Hospital – Ellicott City campus. The document helps Sheppard Pratt Health System (SPHS) better understand needs in its service area.

This document contains the following sections:

- Hospital profile
- Outreach activities since the previous CHNA
- Methodology summary and service area profile
- Service areas
- Secondary research profile
    - Demographic factors (population, gender, race and ethnicity, and age)
    - Social and physical environment factors (educational attainment, income, and poverty)
    - Risk and protective lifestyle behaviors (access to care, overweight/obesity, and physical activity)
- Health status profile
    - General health status
    - Mortality – Leading causes of death
    - Morbidity - Leading causes of illness
    - Behavioral health condition incidence
- Primary research
    - Focus group discussions and interviews
    - List of focus group participants and interviewees
- Community needs to be considered for prioritization
- Community health resources list (included as a separate document)

Sheppard Pratt Hospital Profile – Ellicott City

Sheppard Pratt Health System, a private non-profit health system was founded in Baltimore, Maryland, to provide compassionate solutions to help those suffering from mental illness recover and get back to their lives. With hospital facilities in Towson and Ellicott City, the organization offers a full range of mental health, substance use, and special education services for people throughout Maryland, to meet the needs of children, adolescents, adults, and older adults.

A patient-centered treatment approach, combined with a legacy of clinical excellence, sets Sheppard Pratt apart from other health systems, on both a local and national level. As a free-standing system focused solely on mental health treatment, healing, and recovery, we are able to provide our patients with the specialized care they need in a supportive and compassionate environment.

A History of Community Focus

Sheppard Pratt Health System has been improving the quality of life in our community by providing mental health, special education, and substance use services for more than 100 years. While our treatments and therapies have always been modern and ahead of their time, our patient-centered approach and compassionate care has remained the same since we first opened our doors in 1891. Our founder, Moses Sheppard, envisioned an institution that treated patients with respect and dignity, with a window in each room and soothing grounds to look at through that window.

This vision was also shared by Enoch Pratt, a wealthy merchant and philanthropist who left an endowment for The Sheppard Asylum upon his death in 1896.

More than 100 years later, Sheppard Pratt Health System continues to carry out Sheppard's dream to provide compassionate care to help people with mental illness heal. Today, Sheppard Pratt is Maryland's largest provider of mental health, special education, and substance use services, helping more than 70,000 individuals annually.

Mission & Values

Our Mission: To improve the quality of life of individuals and families by compassionately serving their mental health, addiction, special education, and community support needs.

Our Values Statement: Since our founding in 1853, Sheppard Pratt Health System has remained loyal to our Quaker heritage. The Quaker testimonies of simplicity, peace, integrity, community, and equality drive not only our core values, but our guiding principles, as well.

Our Core Values:

- **To Meet a Need** - to work toward recovery of health and quality of life for people we serve
- **To Lead** - to continually seek and create more effective ways to serve individuals
- **To Care** - to employ the highest standards of professionalism, with compassion, at all times
- **To Respect** - to recognize and respond to the human dignity of every person

Our Guiding Principles:

- **Quality -** We will meet professional standards in our field and continuously improve all aspects of our work.
- **Empowerment** - We will encourage the autonomy of our consumers and staff using teamwork to achieve individualized goals.
- **Integrity** - We will conduct ourselves in an ethical, honest, and forthright manner.
- **Innovation -** We will use the expertise of our staff, as well as the latest scientific advancements, to create a system that is a model for others.
- **Community -** We will work to reduce stigma to increase access to mental health services and to increase awareness of the benefits of treatment.
- **Learning -** We will enhance professional knowledge and skills through inquiry, teaching, learning, and research.
- **Value -** We will assure that the cost of our services reflects their value and we will operate in a cost-efficient way.
- **Safety** - We will provide a safe environment for consumers, volunteers, staff, and visitors.

- **Diversity** - We will foster an environment that embraces the diversity of all of our constituents.
- **Charity** - We will meet our charitable responsibilities to serve the community and to honor the intent of our donors.
- **Caring** - We will provide all of our services with compassion and sensitivity.

Outreach Activities Since the Previous CHNA

Through its programs and services, as well as its affiliate and partner relationships, Sheppard Pratt Health System has been active in providing the community with a continuum of care that can include inpatient hospitalization, partial hospitalization, intensive outpatient treatment, outpatient referrals, and housing and rehabilitation services, as needed. Some of the highlights since its last community assessment include:

- Providing a broad continuum of care to those who rely on Medical Assistance. Almost 80% of those we serve rely on Medical Assistance.
- Serving as one of the largest private providers of special education services in Maryland with 14 schools throughout the state. More than 50% of our students have been diagnosed with autism.
- Contributing nearly $15 million in charity health care in the past year alone.
- Providing 70% of all child and adolescent psychiatric inpatient care in Central Maryland, and more than one third of those we serve (20,000 people) are under the age of 18.
- Engaging more than 500 people in its second community walk event benefiting individuals with serious mental illness. The event raised nearly $50,000 to support patients and students.
- Fielding 12,000 calls through our Therapy Referral Service and assisting 4,000 patients at our Crisis Walk in Clinic in the last year.

Methodology Summary and Profile

The ACA requires all U.S. not-for-profit hospitals to complete a Community Health Needs Assessment (CHNA) every three years. The purpose of the CHNA is to help identify prioritized community needs that can confirm and/or help focus hospital outreach programs. CHNAs are required to contain the following components:

- Definition of the Primary Service Area (PSA) market served
- Description of the methodology used to collect a comprehensive list of community needs from people representing a broad range of community interests – especially those of underserved populations
- A prioritized list of community health needs and a description of the methodology used to prioritize them
- A summary of activities conducted since the prior CHNA
- Description of the community resources potentially available to address significant health needs as identified in the CHNA
- NOTE: Each hospital – Towson and Ellicott City – is required to submit its own CHNA document and draft its own Implementation Plan (in response to the IRS Schedule 990H requirements). However, for hospitals that jointly conduct their CHNA research, common activities and/or data "may be substantively identical."

Sheppard Pratt used a multi-modal approach to conducting the research for the 2016 CHNA. The CHNA for each hospital included the following:

- Demographic and other secondary research
- Focus group discussions with key stakeholders – many of whom serve underserved population (including public health officials)[1]
- One-on-one telephone interviews with key stakeholders
- Discussions with hospital leaders
- Needs prioritization activities

[1] A list of stakeholders who participated in focus groups and one-on-one interviews is included in this summary.

Service Areas

The market areas for the Towson hospital and the Ellicott City hospital overlap, but each have areas in which they have greater concentrations of patients.

Towson location patients are more highly concentrated in Baltimore County and Baltimore City while Ellicott City has a greater concentration of patients from Howard and Anne Arundel Counties (though there are also significant numbers of Baltimore County and City patients).

Area	Population	Percent of Maryland Population	Percent of 2015 Towson In-patient Population	Percent of 2015 Ellicott City In-patient Population
Anne Arundel County	550,269	9.3%	11.1%	27.0%
Baltimore County	817,720	13.9%	26.0%	16.3%
Baltimore City	622,271	10.6%	29.9%	16.0%
Howard County	299,269	5.1%	5.9%	8.4%
All other Maryland Counties	3,598,247	61.1%	37.2%	28.2%
Non-Maryland			6.9%	4.1%
Total	5,887,776	100.0%	100.0%	100.0%

Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

- Sheppard Pratt, in general, and the Towson location in particular have an outstanding reputation and tend to draw patients from a relatively wide geography, as four of nine (44.1%) inpatients at the Towson location reside in Maryland counties other than those listed above or from other states. Approximately one-third of Ellicott City patients (32.3%) reside in other areas.
- Towson inpatient admissions are disproportionately high for Baltimore County and Baltimore City (26.0% and 29.9% of the patient population, respectively).
- For the Ellicott City facility, a disproportionately high percentage of patients come from Anne Arundel County (27.0% of patients; 9.3% of the Maryland population) and Howard County (8.4% of patients; 5.1% of the Maryland population).

The Sheppard Pratt Hospital – Towson Campus CHNA will be addressed in a separate report. However, due to the proximity of both service areas, demographics, and other key quantifiable data for the Towson service area is included in the Ellicott City report where helpful.

Secondary Research Profile

During the secondary research phase of the project, data was collected from four domains:

- Demographics
- Social and Physical Environment Factors
- Risk and Protective Lifestyle Behaviors
- Health Status

As a summary of the secondary research, the Ellicott City service area is characterized by increasing population (especially seniors), higher income and educational attainment, and healthier lifestyles compared to the Towson service area. Though some demographic and environmental factors are favorable for Howard and Anne Arundel Counties, research respondents identified a clear list of community health needs.

The Towson service area is diverse in respect to race, income, lifestyle factors, and others. It is stable (though Baltimore City is contracting). However, the challenging characteristics of Baltimore City are reflected in community needs, as identified in the research. The following tables highlight data that provides a profile of the primary areas served by each hospital.

In the following sections that present demographic and other data, information is shown for the Towson and Ellicott City service areas; the Towson data is presented for comparison purposes. The following tables highlight data that provides a profile of the primary areas served by each hospital.

Demographic Factors (population, gender, race and ethnicity, and age)

Population and Population Trends

There are over 1.4 million people in Baltimore County and Baltimore City – about 70% more than in Ellicott City's service area (Anne Arundel and Howard Counties).

Towson Facility Service Area

Area	Population	Percent change since 2000
Baltimore County	817,720	8.4%
Baltimore City	622,271	-4.4%
Maryland	5,887,776	11.2%

Ellicott City Facility Service Area

Area	Population	Percent change since 2000
Anne Arundel County	550,269	12.4%
Howard County	299,269	20.7%
Maryland	5,887,776	11.2%

Source: US Census Bureau, Decennial Census. 2000 - 2010. Source geography: Tract.

- From 2000 to 2015, there was a shift in population out of the most urban area (Baltimore City) to other areas.
- Growth was especially strong in Howard County where the population increased by slightly over 20%.

Gender

The population in each facility's service area is includes more females than males. However, for the Towson location service area, the difference is more pronounced.

Towson Facility Service Area

Area	Percent Male	Percent Female
Baltimore County	47.3%	52.7%
Baltimore City	47.1%	52.9%
Maryland	48.4%	51.6%

Ellicott City Facility Service Area

Area	Percent Male	Percent Female
Anne Arundel County	49.5%	50.5%
Howard County	49.0%	51.0%
Maryland	48.4%	51.6%

Source: Community Commons 2015.

- The population in Baltimore County and Baltimore City is nearly 53% female. The Ellicott City service area split is more even – 51% female; 49% male.
- The Ellicott City service area contains only slightly more females (%) than the statewide figure.

Race and Ethnicity

The Towson service area is highly diverse while the Ellicott City area is less racially diverse but includes a higher percentage of people whose primary language is other than English.

Towson Facility Service Area

Area	% Afri. Amer.	% White	% Hispanic	% Lang. Other than English
Baltimore County	26.8%	63.9%	4.6%	13.1%
Baltimore City	63.1%	30.3%	4.5%	8.8%
Maryland	29.5%	58.1%	8.8%	16.9%

Ellicott City Facility Service Area

Area	% Afri. Amer.	% White	% Hispanic	% Lang. Other than English
Anne Arundel County	15.7%	74.8%	6.7%	10.5%
Howard County	18.1%	60.8%	6.1%	22.9%
Maryland	29.5%	58.1%	8.8%	16.9%

Source: ACS 2010-2014.

- Nearly two of three (63.1%) Baltimore City residents are African American while about three of ten (30.3%) are white. Within the Towson service area, Baltimore County has the opposite racial makeup.
- More than one in five (22.9%) Howard County residents speaks a primary language other than English.

Age and Trends

Baltimore County, Anne Arundel County, and Howard County each have a median age similar to the Maryland average while the median age is lower (34.4 years) in Baltimore City.

Towson Facility Service Area

Area	Median Age	% under 25	% 25 to 64	% 65 and older
Baltimore County	39.1	31.6%	53.2%	15.1%
Baltimore City	34.5	33.0%	55.1%	11.9%
Maryland	38.1	32.5%	54.5%	13.0%

Ellicott City Facility Service Area

Area	Median Age	% under 25	% 25 to 64	% 65 and older
Anne Arundel County	38.5	32.0%	55.4%	12.6%
Howard County	38.6	32.9%	55.9%	11.2%
Maryland	38.1	32.5%	54.5%	13.0%

Source: ACS 2010-2014.

- The median age in Baltimore City is relatively low (34.5 years). It is substantially lower than Baltimore County (39.1), the state of Maryland (38.1) and the U.S. total (37.7)[2].
- The Towson service area is highly diverse by age group, as well as by race (as previously noted).
- The median age of residents in the Ellicott City facility service area is near the Maryland state average.
- About one in three people in both service areas are age 25 or younger; about one of eight is 65 or older.
- Note also that needs among Baltimore City's younger population may be underscored in that nearly two of four households (37.5%) are occupied by a person living alone, and one of eight (13.3%) by a single parents[3] – both rates are higher than Baltimore County, Anne Arundel County, and Howard County.

[2] U.S. Census Bureau, 2014.

[3] Ibid, http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_1YR_CP02&prodType=table.

The population of seniors in the Ellicott City service area is increasing rapidly while the number of seniors in the Towson service area is stable.

Towson Facility Service Area

Percent Change 2000 to 2014

Area	Under 25	25 to 64	65 and older
Baltimore County	6.4%	8.4%	12.7%
Baltimore City	-11.7%	2.9%	-13.8%
Maryland	5.6%	11.0%	27.7%

Ellicott City Facility Service Area

Percent Change 2000 to 2014

Area	Under 25	25 to 64	65 and older
Anne Arundel County	7.8%	9.7%	43.1%
Howard County	15.7%	16.0%	79.9%
Maryland	5.6%	11.0%	27.7%

Source: US Census Bureau, Decennial Census. 2000 - 2010.

- The number of seniors in Howard County increased by nearly 80% from 2000 to 2014; the Anne Arundel County number also showed a strong increase.
- Baltimore City experienced negative population growth overall (-4.4%) from 2000 to 2014 as shown in an earlier table, yet the decrease was more pronounced for seniors (nearly 14% decrease from 2000 to 2014).
- Overall, the number of seniors in the combined Towson service area (Baltimore County and Baltimore City) increased about 1%.

Social and Physical Environment Factors

Educational Attainment

The high school graduation rates are similar in each facility's service area. However, the percentage of those with college degrees is substantially higher in the Ellicott City service area.

Towson Facility Service Area						Ellicott City Facility Service Area					
Area	**% No H.S. Diploma**	**% H.S. Grad**	**% with Some College**	**% College Grad**	**% Advanced Degree**	**Area**	**% No H.S. Diploma**	**% H.S. Grad**	**% with Some College**	**% College Grad**	**% Advanced Degree**
Baltimore County	9.8%	27.3%	20.0%	27.4%	15.5%	**Anne Arundel County**	8.9%	25.1%	21.1%	29.7%	15.2%
Baltimore City	19.1%	29.7%	19.1%	19.0%	13.1%	**Howard County**	4.8%	14.5%	14.7%	36.5%	29.5%
Maryland	11.0%	25.7%	19.6%	26.6%	17.0%	**Maryland**	11.0%	25.7%	19.6%	26.6%	17.0%

Source: ACS 2010-2014.

- Nearly two of five (37.1%) Baltimore City adults have only a high school diploma (27.3%) or less (9.8%).
- About five of seven people (71%) in the Ellicott City service area have at least some college (including those with a degree).
- Slightly less than three of five people (about 58%) in the Towson service area have at least some college (including those with a degree).

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HEALTH SYSTEM

Income and Poverty

The Ellicott City service area has a substantially higher household income than the Towson location and is higher than the state median. In the respective service areas, there is also a dramatic difference in the percentage of children aged 0-17 who are living in households with income below the Federal Poverty Level (FPL).

Towson Facility Service Area

Area	Median HH Income	% under 100% FPL	% Children under 100% FPL	% HH Income $100,000+
Baltimore County	$66,940	9.06%	11.66%	30.5%
Baltimore City	$41,819	24.21%	34.62%	16.3%
Maryland	$74,149	9.98%	13.17%	36.1%

FPL: Federal Poverty Level

Ellicott City Facility Service Area

Area	Median HH Income	% under 100% FPL	% Children under 100% FPL	% HH Income $100,000+
Anne Arundel County	$89,031	5.9%	7.11%	43.8%
Howard County	$110,113	5.1%	6.14%	57.3%
Maryland	$74,149	9.98%	13.17%	36.1%

Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract.

- More than one-third (34.6%) of children in Baltimore City live under 100% of the FPL.
- More than 30% of Baltimore County households earn annual income of over $100,000 – nearly double the rate of Baltimore City.
- More than half (57%) of Howard County households earn over $100,000

Risk and Protective Lifestyle Behaviors

Access to primary care

This indicator reports the number of providers per 100,000 population. The ratios of providers – PCP, dental, and mental health – in Anne Arundel County are lower (worse) than the state average.

Towson Facility Service Area

Population to Providers

Area	Primary Care Physicians	Mental Health Care	Dental Care
Baltimore County	970:1	400:1	1,370:1
Baltimore City	1,050:1	280:1	1,580:1
Maryland	1,120:1	470:1	1,360:1

Ellicott City Facility Service Area

Rates per 100,000 Population

Area	Primary Care Physicians	Mental Health Care	Dental Care
Anne Arundel County	1,390:1	650:1	1,500:1
Howard County	510:1	390:1	1,240:1
Maryland	1,120:1	470:1	1,360:1

Source: 2016 County Health Rankings.

Note: This indicator reports the population per provider. Primary care doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs.

- Baltimore City has the lowest ratio of population to mental health providers in the combined service areas (a positive item); it also has the highest population to dental care providers (a negative item).
- Howard County has nearly three times as many PCPs per capita and nearly twice as many mental health providers per capita as Anne Arundel County.

Overweight/obesity and physical activity[4]

Overall, the health status measures that indicate an overweight population in each facility's service area are similar to the state and the nation. However, the percentage for Baltimore City in the Towson service area is substantially higher.

Towson Facility Service Area

Area	BMI of 30 or more	% with no leisure physical activity
Baltimore County	27.9%	24.7%
Baltimore City	34.1%	29.2%
Maryland	28.0%	22.8%

Ellicott City Facility Service Area

Area	BMI of 30 or more	% with no leisure physical activity
Anne Arundel County	27.8%	22.1%
Howard County	22.0%	18.3%
Maryland	28.0%	22.8%

Source: Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012. Source geography: County

- In Baltimore City, more than one in three adults have a BMI over 30; nearly as many (29.2%) have no leisure physical activity.
- Howard County residents have the lowest percentage of people with BMI over 30 (22.0%) and percent with no leisure physical activity (18.3%).
- Baltimore County and Anne Arundel County rates are similar to the state averages.

[4] Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012. Source geography: County

Health Status Profile

General Health Status

The Towson service area has a higher percentage of adults age 18 and older self-report having poor or fair health in response to the question "Would you say that in general your health is excellent, very good, good, fair, or poor?" This indicator is relevant because it is a measure of general poor health status. The self-reported measure for mental health status is also above the state.

Towson Facility Service Area

Area	% Poor or Fair Health	Poor Physical Health Days	Poor Mental Health Days
Baltimore County	13.0%	3.2%	3.7%
Baltimore City	20.0%	3.8%	3.9%
Maryland	13.0%	3.0%	3.3%

Ellicott City Facility Service Area

Area	% Poor or Fair Health	Poor Physical Health Days	Poor Mental Health Days
Anne Arundel County	10.0%	2.7%	3.1%
Howard County	9.0%	2.4%	2.8%
Maryland	13.0%	3.0%	3.3%

Source: 2016 County Health Rankings.

- The Towson and Ellicott City services areas differ in that – consistent with some demographic and lifestyle indicators – Baltimore County and Baltimore City have generally poorer health and more poor physical and mental health days (especially Baltimore City).

Mortality – Leading Causes of Death

In nearly all cases, the most common causes of death in respective services areas for each facility are consistent with those of the U.S. as a whole: Diseases of the Heart, Cancer (Malignant Neoplasms), Cerebrovascular Diseases and Chronic Lower Respiratory Disease. However the rates in the Towson service are higher, driven in large part by the heart disease rates in Baltimore City. Those rates (242.7) mirror and exceed some of those found in areas in the deep south.

Towson Facility Service Area

Area	Deaths per 100,000[5]
Baltimore County	724.2
Diseases of the Heart	171.8
Malignant Neoplasms	168.4
Cerebrovascular Diseases	39.5
Chronic Lower Respiratory Disease	34.2
Accidents / Unintentional Poisoning	29.2
Suicide	10.5
Baltimore City	991.8
Diseases of the Heart	242.7
Malignant Neoplasms	212.4
Cerebrovascular Diseases	48.1
Chronic Lower Respiratory Disease	37.5
Accidents / Unintentional Poisoning	33.3
Suicide	7.3

Ellicott City Facility Service Area

Area	Deaths per 100,000
Anne Arundel County	717.2
Malignant Neoplasms	166.1
Diseases of the Heart	165
Cerebrovascular Diseases	37.6
Chronic Lower Respiratory Disease	38.5
Accidents / Unintentional Poisoning	23.9
Suicide	9.4
Howard County	578.5
Malignant Neoplasms	143.1
Diseases of the Heart	127.3
Cerebrovascular Diseases	32.8
Chronic Lower Respiratory Disease	21.5
Accidents / Unintentional Poisoning	17.9
Suicide	8.8

Source: Sharfstein, J.M., M.D., & Horon, I., Dr.P.H. (n.d.). Maryland Vital Statistics Annual Report 2013 – DHMH. Retrieved April 1, 2016, from http://dhmh.maryland.gov/vsa/documents/13annual.pdf.

[5] 2011 – 2013 age adjusted death rates for leading causes, per 100,000 population

Suicide Rates

Suicide is highly correlated with mental health and substance abuse disorders. The State Health Improvement Process[6] (SHIP) indicates that in Maryland, approximately 500 lives are lost each year to this preventable cause of death.

The SHIP provides a framework for accountability, local action, and public engagement in order to advance the health of Maryland residents. The SHIP measures for improvement are aligned with the Healthy People (HP) 2020 objectives established by the Department of Health and Human Services. State and county level data on critical health measures is also provided through the SHIP.

During the measurement period 2012-2014, the statewide rate was 9.2 people per 100,000. The target goal for 2017 is 9.0%. The Maryland rate of suicide is already below the national Healthy People 2020 goal of 10.2. All racial groups in Maryland were at or substantially below this rate except for non-Hispanic whites where the rate was 11.2.

The suicide rate in Anne Arundel County was 9.4 during the most recent SHIP measurement period, while the rate in Howard County (8.8) was slightly below the statewide goal.

Morbidity

Consistent with the demographic, lifestyle, and general health status challenges noted earlier, Baltimore City has a higher incidence of cancer, COPD, and diabetes than other service area counties, however, relatively high levels of other conditions are found elsewhere, as well.

Percent of the Adult Population with Select Chronic Conditions[7]

Chronic Condition	Baltimore County	Baltimore City	Anne Arundel County	Howard County	Maryland
Arthritis	26.8%	27.1%	29.7%	18.3%	25.6%
Asthma	14.8%	10.2%	12.0%	16.3%	13.5%
Cardiovascular Disease (angina or coronary disease)	3.2%	2.8%	3.0%	2.2%	3.2%
COPD	6.1%	8.5%	6.0%	5.4%	5.7%
Diabetes	10.6%	13.2%	8.9%	6.2%	10.1%
Kidney Disease	2.6%	3.1%	1.4%	3.7%	2.9%
Cancer – Rate per 100,000 population (all sites)[8]	472.30	497.20	468.10	418.10	451.50

- Chronic disease incidence rates in Baltimore County and Baltimore City are generally slightly higher than the state average.

[6] SHIP Accessed May 2016: http://dhmh.maryland.gov/ship/Pages/home.aspx
[7] Maryland BRFSS, 2014.
[8] National Cancer Institute, SEER Database, 2012.

- Ellicott City service area counties rates with one or two exceptions, are as good or better than the state average.
- Between 2007-2014 in the Central Area of Maryland, roughly 70% of drug and alcohol deaths combined occurred in Baltimore City and Baltimore County, compared to 19% of drug and alcohol deaths in Anne Arundel and Howard County.[9]

Behavioral Health Condition Incidence

Serious Mental Illness and Suicidal Ideation

In the Ellicott City service area, the percent of residents with *any mental illness* in the previous year was relatively consistent across both counties and the state. There are approximately six times more residents living with any mental illness diagnosis than those with serious mental illness.

Ellicott City Facility Service Area[10]

Area	SMI Past Year	Any MI Past Year	Suicidal Ideation
Anne Arundel County	3.3%	17.3%	3.3%
Howard County[11]	3.1%	16.5%	3.1%
Maryland	3.2%	16.5%	3.4%

- The percentage of residents reporting Suicidal Ideation was similar across both service area counties and the state. Suicide rates as a leading cause of death (see p. 16) were also similar between Anne Arundel County and Howard County (age-adjusted 8.8 and 9.4 deaths per 100,000 population).
- Anne Arundel County residents were slightly more likely to have a serious mental illness (DSM-IV diagnosis with serious functional impairment) in the past year than residents of Howard County or the state generally.
- From 2009-2013, 2.7% of all adults in Maryland reported a serious mental illness (SMI) in the previous year to being surveyed.
- Approximately 308,000 (42.2%) of adults who reported an SMI received mental health treatment received mental health treatment whereas 57.8% of adults did not[12].

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[9] Heroin Opioid Emergency Task Force, Final Report, 2015.
[10] 2010-2012 National Survey on Drug Use and Health
[11] North Central Maryland Region (Howard County and Carroll County)
[12] Substance Abuse and Mental Health Services Administration. *Behavioral Health Barometer: Maryland, 2014.* HHS Publication No. SMA-15-4895MD. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015.

Depression and Anxiety Disorder Prevalence

There is a greater concentration of residents in Anne Arundel County diagnosed with Depressive Disorders or Anxiety Disorders than in Howard County.

Ellicott City Facility Service Area[13]

Area	% Depressive Disorder	% Anxiety Disorder
Anne Arundel County	9.4%	9.3%
Howard County	4.9%	4.8%
Maryland	10.1%	10.0%

- Anne Arundel County (9.4%) and especially Howard County (4.9%) had a much lower percentage of residents with a major depressive disorder and the state (10.1%).
- The percentage of Howard County residents with either Depressive or Anxiety Disorders is approximately 50% less than in the state.
- From 2012-2013, 10.3% (39,000) adolescents in Maryland between the ages of 12-17 years of age was diagnosed with a Major Depressive Episode in the past year; in comparison to 8.7% between 2011-2012. The national percentage in 2012-2013 was 10.3%[14].
- Roughly 38.2% (15,000) of Maryland adolescents received treatment for a major depressive episode within the prior year to being surveyed, in comparison to 61.8% who did not receive treatment[15].
- Approximately 65.4% of Maryland children under 18 who were treated or served in the public mental health system reported improved functioning. The national rate of improved functioning was 69.3%.

[13]2014 Maryland Behavioral Risk Factor Surveillance System.

[14]Substance Abuse and Mental Health Services Administration. *Behavioral Health Barometer: Maryland, 2014.* HHS Publication No. SMA-15-4895MD. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015.

[15]Substance Abuse and Mental Health Services Administration. *Behavioral Health Barometer: Maryland, 2014.* HHS Publication No. SMA-15-4895MD. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015.

Incidence of Excessive Alcohol Consumption

Excessive alcohol consumption in Howard County is relatively consistent with the state percentage, although the Anne Arundel County percentage is several points higher.

Ellicott City Facility Service Area

Area	% Adult Excessive Drinking	% Adult Excessive Drinking Age-Adjusted
Anne Arundel County	18.7%	19.2%
Howard County	15.4%	15.2%
Maryland	15.4%	15.7%

- Anne Arundel had a slightly higher age-adjusted rate of excessive drinking than Howard County.
- Approximately 14.2% (95,000) of young people in Maryland between the ages of 12-20 years of age reported binge drinking within the month prior to being surveyed[16].
- From 2012-2013, approximately 6 in 10 (58.4%) of Maryland adolescents said there was no great risk in consuming five or more drinks once or twice a week[17].

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[16] Substance Abuse and Mental Health Services Administration. *Behavioral Health Barometer: Maryland, 2014.* HHS Publication No. SMA-15-4895MD. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015.

[17] Substance Abuse and Mental Health Services Administration. *Behavioral Health Barometer: Maryland, 2014.* HHS Publication No. SMA-15-4895MD. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015.

Co-morbidity

- Historical academic research has shown a high co-morbidity among adults suffering from alcohol dependence along with mental health disorders (e.g. mood disorders, major depressive disorders, and anxiety disorders)[18].
- In addition, 68% of Maryland adults with mental disorders have medical conditions and 29% of adults with medical conditions have mental disorders[19].
- Nearly one in five (18.1%) people being admitted to publically funded substance abuse treatment programs in Maryland for alcohol abuse also present with a co-morbid mental health disorder[20].

Incidence of Illicit Drug Use

Although fewer than 5% of people in the Ellicott City service area say that the have used cocaine or non-medical pain medications in the past year, use is higher among some sub-populations, and there is a sizable concentration of drug-related intoxication deaths that have occurred.

Ellicott City Facility Service Area[21]

Area	Marijuana Past Year	Cocaine Past Year	Non-Med. Pain Meds
Anne Arundel County	9.2%	1.5%	4.0%
Howard County[22]	8.7%	1.3%	3.8%
Maryland	10.1%	1.4%	3.8%

- From 2009-2013, 43,000 Maryland adolescents (9.5%) reported using an illicit drug within the prior month.[23]
- In a six year period (2007-2014), 11.1% of all cocaine-related intoxication deaths in the state took place in the Ellicott City facility service areas as a group[24].
- Between 2007-2014, 11.9% of opioid-related intoxication deaths in Maryland, and 10.7% of heroin-related intoxication deaths in Maryland took place in the Ellicott City facility service areas as a group[25].

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[18] http://pubs.niaaa.nih.gov/publications/arh26-2/81-89.htm
[19] SAMHSA, http://www.integration.samhsa.gov/workforce/mental_disorders_and_medical_comorbidity.pdf, 2003
[20] National Institute on Drug Abuse (NIDA), https://www.drugabuse.gov/publications/drugfacts/treatment-statistics, 2008
[21] 2010-2012 National Survey on Drug Use and Health, SAMHSA
[22] North Central Maryland Region (Howard County and Carroll County)
[23] Substance Abuse and Mental Health Services Administration. *Behavioral Health Barometer: Maryland, 2014.* HHS Publication No. SMA-15-4895MD. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015.
[24] Sharfstein, J.M., M.D., & Horon, I., Dr.P.H. (n.d.). Maryland Vital Statistics Annual Report 2013 – DHMH. Retrieved April 1, 2016, from http://dhmh.maryland.gov/vsa/documents/13annual.pdf
[25] Ibid; Heroin Opioid Emergency Task Force, Final Report, 2015 (similar data).

Percentage of Population Without Adequate Social / Emotional Support[26]

Fewer residents in the Ellicott City facility service area reported having a lack of social or emotional supports than residents in Maryland.

Ellicott City Facility Service Area

Area	% Lack Support	% Lack Support Age Adjusted
Anne Arundel County	16.7%	16.9%
Howard County	15.3%	15.3%
Maryland	19.8%	19.8%

- Approximately three to four percent fewer residents of Howard (15.3%) and Anne Arundel Counties (16.7%) reported a lack of emotional or social support in comparison to the state (19.8%).

[26] Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health Human Services, Health Indicators Warehouse. 2006-12. Source geography: County

Sheppard Pratt Patient Profile

Diagnoses – Top 5 Diagnoses FY14 by discharge[27]

The top five most frequent diagnoses at discharge in FY14 were the same in both SPHS facility service areas with only slight variations in rank and order.

Towson Facility Service Area

Top 5	Diagnoses	Diagnosis	# of Discharges
1	Mood Disorder NOS	296.9	1,334
2	Major Depressive Disorder, Recurrent, Severe Without Psychotic Features	296.3	877
3	Schizoaffective Disorder	295.7	399
4	Depressive Disorder NOS	311	398
5	Bipolar Disorder NOS	296.8	386

Ellicott City Facility Service Area

Top 5	Diagnoses	Diagnosis	# of Discharges
1	Mood Disorder NOS	296.9	611
2	Major Depressive Disorder, Recurrent, Severe Without Psychotic Features	296.3	383
3	Depressive Disorder NOS	311	348
4	Bipolar Disorder NOS	296.8	264
5	Schizoaffective Disorder	295.7	142

- There were twice as many patients discharged with the diagnosis of Mood Disorder (Not Otherwise Specified) from the Towson campus than the Ellicott City campus.
- Across both SPHS campuses, Mood Disorder NOS and Major Depressive Disorder, Recurrent, Severe, Without Psychotic Features; were the top two recurring diagnoses at discharge in FY2014.

[27] SPHS Diagnosis at Discharge, FY14

Primary Research

Research Approach

Primary research for the Sheppard Pratt Hospital CHNAs included two focus group discussions (one for each hospital) and more than 20 one-on-one interviews with key stakeholders from the target service areas. Public health officials, sub-sector specific experts, directors of service organizations engaging the underserved populations, and others were included in the research.

The purpose of the focus groups was to gather the insights and perspectives from a diverse set of key stakeholders in the Towson and Ellicott City services areas. Participants discussed such as the following:

- Opinions about the definition of "community health" as it pertains to behavior health
- Behavioral health needs that they see most frequently in their professional setting
- Structural issues that impact community health
- Behavioral health needs that they see most commonly in the service area in general
- High priority needs that may be among Sheppard Pratt's higher priorities

The one-on-one interviews provided the opportunity for more in-depth discussion of behavioral health and other community issues with local experts. In many instances, interviewees were able to provide granular insight regarding health needs such as identifying counties in which the need is most acute, population sub-groups most highly impacted by particular community health issues, and programs insight. Interviewees were often able to speak of their perceived needs in both Sheppard Pratt hospitals.

The results of the focus groups and the one-on-one interviews include comments about, and lists of, high priority behavioral health – as well as needs observations about structural aspects of community health. The research approached allowed Sheppard Pratt to "cast a wide net" and include experts' insights on a range of community health and needs issues.

Initial Qualitative Research Findings and Comments

In many cases, insights and comments could be attributed to specific service areas (i.e., Towson or Ellicott City); however, in others, participants' feedback referred to the combined region. The material below includes the summary of high level system and contextual observations from focus groups and interviews, and a review of detailed needs as identified by focus group participants and key stakeholders with whom interviews were conducted. Based on this material, the service area's highest priority needs are listed below.

Top Six Community Prioritized Needs
Stigma reduction (Systems Issue)
Aftercare services and care coordination post discharge (Specialized Services)
Outpatient services for general psychiatric conditions and all age groups (Basic Access Issue)
Access to mental health services delivered on an integrated care basis (i.e., in primary care settings) (Access issue)
Transitional services for adolescents such as intensive outpatient and transitional housing (Specialized services)
Integrated care for co-occurring disorders (SUD and MI) for adults – outpatient (Specialized services)

Each of the six priority needs are described below.

Stigma reduction (Systems Issue)

In focus groups and interviews, stakeholders recognized that there remain many stigmas for individuals seeking out treatment for mental illnesses and substance abuse. Some providers referenced challenges regarding designing culturally competent behavioral health treatment for non-native English speakers, and general healthcare access for immigrant communities.

> *"Seniors are more apt to engage when you don't call it mental health, but they will if you ask 'are you lonely?'"* Maryland Behavioral Health Interviewee
>
> *"Individuals with mental illnesses are one of the most stigmatized disability groups. We need to dispel and know that treatment and early identification works…mental health doesn't just belong to providers, it belongs to all of us."* Ellicott City PSA Interviewee
>
> *"There is a stigma associated with mental illness and substance abuse—they are viewed as either 'a crazy person' or choosing to drink or do drugs. Some people think 'if I ask for help, my church could find out, what might they think of me?' In the African American community it's stigmatizing to have a mental illness."* Maryland Behavioral Health Interviewee
>
> *"In the county there is a large number of Spanish speaking families, and for the undocumented population there is nothing for them [behavioral health services]. We have a hard time finding Spanish speaking therapists—even if they are documented."* Ellicott City PSA Interviewee
>
> *"Howard County has a significant undocumented Latino population without insurance, and about 50% of the clients [are seen] in reproductive health clinics."* Ellicott City PSA Interviewee

Aftercare services and care coordination post discharge (Specialized Services)

Stakeholders stated that post discharge aftercare coordination was often challenging due to the lack of transitional services available to ensure that adults, adolescents, or children were ready to safely return to their families or communities.

> *"It is a problem when a client comes to us seeking services, we do our best to help them, and then they close out of care without a sensible 'next step.' That is one of the reasons why we see the same people every few months. It can be an awful cycle for some people."* – Ellicott City PSA Interviewee
>
> *"I have a lot of clients with [a particular health condition]. They all know exactly how to take care of themselves but most of them do not do so. What they need is someone to provide additional care navigation and support. A lot of people either aren't sure what to do or have difficulty following through. Many don't really have the right motivation and skills to follow through."* – Ellicott City PSA Interviewee

Outpatient services for general psychiatric conditions and all age groups (Basic Access Issue)

In some interviews, respondents pointed out that although many individuals have private health insurance, there are fewer providers who accept Medicaid/Medicare. Child psychiatry and geriatric psychiatry were highlighted as some of the greater areas of need among lower income households.

> *"Child psychiatry is a problem. There are only a few providers, but very few of them accept insurance."* Ellicott City PSA Interviewee

> *"Geriatric psychiatry is almost worse than child psychiatry[28]. Only a few take Medicare."* Ellicott City PSA Interviewee

> *"We need to look at the impact of cultural diversity on the aging process."* Ellicott City PSA Interviewee

Access to mental health services delivered on an integrated care basis (i.e., in primary care settings) (Access issue)

> *"We need to make sure that mental health is addressed in all aspects of healthcare. [For instance], women seeing their OB-GYN should be screened for mental health issues."* Ellicott City PSA Interviewee

> *"It just makes sense for patients and providers, as well, to offer integrated behavioral health and medical care. The PCMH model – with a few changes based on individual practices. Mental health providers are usually more in favor of the model than medical providers."* Ellicott City PSA Interviewee

> *"It is evolving but most medical providers still don't really integrate mental health services too."* Ellicott City PSA Interviewee

Transitional services for adolescents such as intensive outpatient and transitional housing (Specialized services)

Several interviewees mentioned the need for more transitional services for adolescents.

> *"Wrap-around services need to be good for adolescents … to help prevent them from going into residential. Residential is often the solution for families, but then they are put back into the same families with the same dynamics—there needs to be more intensive community based services with behavioral management for families that happen in the home."* Ellicott City PSA Interviewee

> *"[There is a need for more] intensive community based services for older mentally ill youth like intensive in-home supports. Respite care for parents – especially for kids on the Autism spectrum – is a huge need and is really lacking.* Ellicott City PSA Interviewee

Integrated care for co-occurring disorders (SUD and MI) for adults – outpatient (Specialized services)

Respondents noted that in many cases, individuals with a substance abuse problem have co-occurring behavioral health needs. Interviewees across both Ellicott City and Towson campuses discussed the challenges for receiving care as a result of the merge between addiction and mental health treatment in the state. An Ellicott City interviewee noted "the dearth of community programs for adolescents with dual-diagnosis."

> *"Addiction treatment and mental health treatment have merged. In Howard County, a handful of providers treat low income patients. Most take private insurance or private pay, but not Medicaid."* Ellicott City PSA Interviewee
>
> *"Mental health and substance use providers in the county don't except commercial insurance especially psychiatry. It's out of pocket, trying to get reimbursed by the provider. If you have cash, check, or credit card you can get in, but if not, you're out of luck."* Ellicott City PSA Interviewee
>
> *"Substance abuse goes hand-in-hand with adolescents. Many are self-medicating with substances, but there are not many programs in the communities who can treat dual-diagnosis."* Ellicott City PSA Interviewee

List of Informants

Qualitative research participants included people with expert insight regarding health needs and community services in the Towson and Ellicott City service areas. Most participants offered insight about needs in both service areas – though some had particular expertise in one or the other. For that reason, the following list of qualitative research participants will be included in both CHNA reports.

One-on-one Interviewees[29]	Focus Group Participants
Ms. Diane Bell McKoy, Associated Black Charities	Ms. Tori Shequine, Founder, Alternative Counseling and Wellness Center
Dr. Gregory W. Branch, Baltimore County Department of Health	Ms. Melinda Heikin, Psychiatric Liaison at St. Joseph Medical Center
Ms. Lisa Culp, Department of Social Services Anne Arundel County	Dr. Anthony Chico, Child Adolescent Psychiatrist (private practice, and inpatient at St. Josephs)
Lt. Michelle Denton, The Listening Place	Oleg Tarkovsky, Director of Clinical Services at Sheppard Pratt Affiliate, Mosaic Community Services
Ms. Joan Driessen, Association of Community Services	Catherine Best, BestCare Assisted Living
Dr. Ingvild Olsen, Behavioral Resources, Inc.	Karen Booth, Humanim
Ms. Jane Gehring, Child Advocacy Center	Ronald Ginsberg, MD, Levindale Assisted Living
Ms. Phyllis Hall, Baltimore County, Bureau of Behavioral Health of Baltimore County	Dwight Holmes, MD, Department of Psychiatry, Baltimore Washington Medical Center
Dr. Brian Hepburn, National Assoc. of State Mental Health Programs	Jane Krimel, ER Psychiatry, St. Agnes Hospital
Ms. Adrienne Mickler, Anne Arundel County Mental Health Agency	Demi Olasimbo, Healthcare Living for Families
Ms. Trish Cane, Family Network; Pathfinders for Autism	David Wamsley, Emerge – Services
Ms. Jess Honke, NAMI Maryland	Mark Donovan, Congruent Counseling Services

[29] Names and organizations of interviewees.

One-on-one Interviewees[29]	Focus Group Participants
Ms. Lee Ohnmacht, Baltimore County Bureau of Behavioral Health of Baltimore County	
Ms. Linda Raines, Mental Health Association of Maryland	
Dr. Maura Rossman, Howard County Department of Health	
Ms. Starr Sowers, Office on Aging, Howard County	
Ms. Crista Taylor, Baltimore City Behavioral Health System	
Ms. Mary Viggiani, Baltimore County Bureau of Behavioral Health	
Ms. Donna Wells, Howard County Mental Health Authority	

Community Needs to be Considered for Prioritization

Based on the secondary research and the results of the focus groups and interviews, several needs were identified for each site. They are listed in tables on the following pages.

In order to prioritize the needs, the following steps were utilized:

- After reviewing the secondary and primary data, discuss the lists below with Sheppard Pratt key leaders.
- Individually rank-order the needs (separately for each facility)
- Conduct a round-table discussion of participants' lists
- Build consensus around the final list of prioritized needs

<u>Prioritization Methodology Utilized by Health System Executive Group</u>

- Tool – Strategy Grid
- Discussion- Need, feasibility and impact
- Process - Each member of the Executive Group located the stated need in one of the four quadrants (High Need/High Feasibility, Low Need/High Feasibility, HN/LF and LN/LF)
- Quadrants were given an order ranking as follows:
  - HN/HF – 4
  - LN/HF -3
  - HN/LF – 2
  - LN/LF – 1
- Each identified need was scored based on the multi-voting results of the strategy grid; raw scores were multiplied by the ranking of each quadrant
- Rankings were shared with the executive group and consensus around the rankings was reached.
- As a result of the process, there were 6 highest priority identified needs for the Ellicott City campus.

Leading Needs in Priority Order as Ranked by Sheppard Pratt Hospital Leadership **Sheppard Pratt Hospital – Ellicott City Location**		
Prioritized Need	**Research Source and Examples of Supporting Research**	**Supporting Quote**
Highest Priority Needs		
Stigma reduction (Systems issue)	**Research source:** Executive Group and stakeholder interviews **Representative research:** This was one of the most consistently recognized needs across all respondent groups.	*"Individuals with mental illnesses are one of the most stigmatized disability groups. We need to dispel and know that treatment and early identification works…mental health doesn't just belong to providers, it belongs to all of us."* Ellicott City PSA Interviewee
Aftercare services and care coordination post discharge (Specialized services)	**Research source:** Focus groups, interviews and secondary data **Representative research:** For an example of supporting data see Percentage of Population Without Adequate Social / Emotional Support, p. 22.	*"It is a problem when a client comes to us seeking services, we do our best to help them, and then they close out of care without a sensible 'next step.' That is one of the reasons why we see the same people every few months. It can be an awful cycle for some people."* – Ellicott City PSA Interviewee

Sheppard Pratt HEALTH SYSTEM

Leading Needs in Priority Order as Ranked by Sheppard Pratt Hospital Leadership Sheppard Pratt Hospital – Ellicott City Location		
Prioritized Need	**Research Source and Examples of Supporting Research**	**Supporting Quote**
Outpatient services for general psychiatric conditions and all age groups. (Basic Access Issue)	**Research source:** Focus groups and secondary data **Representative research:** Approximately 308,000 (42.2%) of adults who reported an SMI received mental health treatment received mental health treatment whereas 57.8% of adults did not. (Page 18) Also see Incidence of Illicit Drug Use table, 21.	*"Geriatric psychiatry is almost worse than child psychiatry[30]. Only a few take Medicare."* Ellicott City PSA Interviewee
Access to mental health services delivered on an integrated care basis (i.e., in primary care settings) (Access issue)	**Research source:** Executive Leadership and secondary data **Representative research:** 68% of adults with mental disorders have medical conditions and 29% of adults with medical conditions have mental disorders (Page 21). Also see Access to Primary Care table, p. 13; and, co-morbidity data, p. 21.	*"We need to make sure that mental health is addressed in all aspects of healthcare. [For instance], women seeing their OB-GYN should be screened for mental health issues."* Ellicott City PSA Interviewee

Leading Needs in Priority Order as Ranked by Sheppard Pratt Hospital Leadership Sheppard Pratt Hospital – Ellicott City Location		
Prioritized Need	**Research Source and Examples of Supporting Research**	**Supporting Quote**
Transitional services for adolescents such as intensive outpatient, transitional housing (Specialized services)	**Research source:** Interviews **Representative research:** Roughly 38.2% (15,000) of Maryland adolescents received treatment for a major depressive episode within the prior year to being surveyed, in comparison to 61.8% who did not receive treatment[31]. Approximately 65.4% of children under 18 who were treated or served in the public mental health system reported improved functioning. The national rate of improved functioning was 69.3%. Also, this was one of the most consistently recognized needs across all respondent groups.	*"Wrap-around services need to be good for adolescents … to help prevent them from going into residential….there needs to be more intensive community based services with behavioral management for families that happen in the home."* Ellicott City PSA Interviewee

[31] Substance Abuse and Mental Health Services Administration. *Behavioral Health Barometer: Maryland, 2014.* HHS Publication No. SMA-15-4895MD. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015.

Leading Needs in Priority Order as Ranked by Sheppard Pratt Hospital Leadership Sheppard Pratt Hospital – Ellicott City Location		
Prioritized Need	**Research Source and Examples of Supporting Research**	**Supporting Quote**
Integrated care for co-occurring disorders (SUD and MI) for adults – outpatient (Specialized services)	**Research source:** Focus groups, interviews and secondary data **Representative research:** In a six year period (2007-2013), 64.3% of all Maryland cocaine-related intoxication deaths took place in the combined Towson and Ellicott City facility service areas[32]. Between 2007-2013, 53.8% of opioid-related intoxication deaths in Maryland, and 65.6% heroin-related intoxication deaths in Maryland took place in the Towson and Ellicott City facility service areas as a group[33]. Also see Access to Primary Care table, p. 13; and, co-morbidity data, p. 21.	*"Mental health and substance use providers in the county don't accept commercial insurance especially psychiatry. It's out of pocket, [i.e.,] trying to get reimbursed … [is very difficult]. If you have cash, check, or credit card you can get in, but if not, you're out of luck."* Ellicott City PSA Interviewee

[32] Sharfstein, J.M., M.D., & Horon, I., Dr.P.H. (n.d.). Maryland Vital Statistics Annual Report 2013 – DHMH. Retrieved April 1, 2016, from http://dhmh.maryland.gov/vsa/documents/13annual.pdf
[33] Ibid; Heroin Opioid Emergency Task Force, Final Report, 2015 (similar data).

Other Prioritized Needs – Ranked by Sheppard Pratt Hospital Leadership Sheppard Pratt Hospital – Ellicott City Location	
Other Identified Service Area Needs	
Prioritized Needs	**Research Source**
Adolescent wrap-around services (Specialized services)	Focus groups and interviews
Transportation options for treatment facility transfers (Specialized services)	Focus groups and interviews
Mental health courts in every county (Systems issue)	Interviews
In-home behavioral health services for seniors includes substance abuse – (Specialized services)	Focus groups and secondary data
Autism spectrum services for older adolescents and young adults with a behavioral management focus (Specialized services)	Focus groups and interviews
Long term Inpatient beds for chronic psychiatric conditions (Systems issue)	Interviews and secondary data
Trauma services for special populations: autism spectrum, non-English speakers, individuals with leading disabilities and developmentally delayed children and adults (Specialized services)	Focus groups and interviews
Day hospital programs for seniors (Specialized services)	Focus groups and secondary data
School based early intervention programs for behavioral health and substance abuse (Specialized services)	Focus groups, interviews and secondary data
Culturally competent behavioral health services for growing immigrant populations	Focus groups, interviews and secondary data
Intensive, non-traditional service delivery for individuals with serious mental illness (Systems issue)	Interviews
24/7 Crisis Response services (Basic Access issue)	Interviews
Outpatient services for trauma (Specialized services)	Interviews
Autism spectrum services for children and families including screening, outpatient and family support (Specialized services)	Focus Groups and Interviews

<u>Other Prioritized Needs – Ranked by Sheppard Pratt Hospital Leadership</u> **Sheppard Pratt Hospital – Ellicott City Location**	
<u>Other Identified Service Area Needs</u>	
Prioritized Needs	**Research Source**
Emergency Department diversion strategies and services for behavioral health emergencies (Systems issue)	Interviews
Sober homes (Specialized services)	Interviews
Crisis beds for children (Systems issue)	Interviews
Services for individuals with brain injuries (Specialized services)	Executive Group
Child psychiatry services, especially in-home services (Specialized services)	Interviews

Resource Guide and Supplemental Materials

The Sheppard Pratt Hospital Community Health Needs Assessment includes two additional supporting documents:

- Resource Guide – guides and list of behavioral health and related community resources.
- Supplemental Resource Materials – several of the more often referenced sources of publically available data used in the CHNA

Both supporting documents are available for the readers' reference.